Mail completed forms and check to: MLA Board of Certification c/o Maine Municipal Association Local Government Center Augusta, Maine 04330 Attach to this form any additional information which, although not specifically requested below, would aid the Board of Certification in evaluating your qualifications.

A CHECK for \$5.00 payable to the Maine Library Association must accompany application.

| | Full name (Last, First, I | | Date of Application | | | | | | | | |
|-----------------|---|-----------------------------------|---------------------|---|---------------------------------|-----------|------------------------------|--|--|--|--|
| | Address (No., Street, To | | | | | | | | | | |
| APPLICANT | | | | | | | | | | | |
| | Procedure: | ation | | ☐ Recertification: document only education & experience within the last 5 | | | | | | | |
| | | ☐ Certification at a higher level | | years | | | | | | | |
| | Requested Level: | | | | | | | | | | |
| | | | | | | | | | | | |
| | College Name & Locat | Date | | Diploma, degree, or credit hrs. completed | | | | | | | |
| HIGH SCHOOL | | | From | То | | | | | | | |
| AND COLLEGES | | | | | | | | | | | |
| ATTENDED | | | | | | | | | | | |
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| | Library School Name & | | Date | | Degree or credit hrs. completed | | | | | | |
| | | | From | From To | | | | | | | |
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| LIBRARY | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | | |
| | If you do not have a degree in Library Science, list below any library courses, work shops, or institutes attended. | | | | | | | | | | |
| | Name and Description of Course or Workshop | | College or | College or Sponsor | | ate To | Contact Hours or CEUs earned | | | | |
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| | List current employment first and then all previous library work experiences. Use additional sheets if needed. Attach job description if available. | | | | | | | | | |
|---------------------------|---|------------------------|-------------|-----------------------------|----------|------|--|--|--|--|
| | Library Name & Lo | ocation (Town, State) | Position of | & No. of Persons Supervised | D | Date | | | | |
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| LIBRARY | | | | | | | | | | |
| EXPERIENCE | | | | | | | | | | |
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| | Employer Name & | Location (Town, State) | | Position | | Date | | | | |
| | | | | | From | То | | | | |
| | | | | | | | | | | |
| OTHER | | | | | | | | | | |
| LIBRARY RELATED | | | | | | | | | | |
| EXPERIENCE | | | | | | 1 | | | | |
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| SIGNATURE | I certify that, to the best of my knowledge belief, the above information is accurate. Signed (Applicant) | | | | | | | | | |
| | Action | Approved | Level | Date | Notified | | | | | |
| FOR | | Disapproved | | Date | Notified | | | | | |
| BOARD OF CERTIFICATION | Reason: | | | | | | | | | |
| USE ONLY | Comments: | | | | | | | | | |
| | Pending: | Date | Notified: | Notified: | | | | | | |
| | Reason: | | | | | | | | | |
| | Comments. | | | | | | | | | |
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